Indiana Department of Health

2021 FALL SCHOOL WEBINAR

LORRIE RAMSEY, MSM, BSN, RN
CHIEF NURSE CONSULTANT

08/19/2021

Close Contact Definitions and Guidance

- **Close Contact through Proximity and Duration of Exposure:** Someone who was within 6 feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes).* An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for discontinuing home isolation.
- **Exception:** In the **K–12 indoor classroom** setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.
- This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

NOTE: Continue to use the Gateway portal to enter **all** close contacts (even if vaccinated). This provides consistent reporting in case of an outbreak.

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https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing plan/appendix.html#contact

Guidance for Testing and Quarantine Options

Close contacts who are unvaccinated MUST follow one of these three quarantine options as directed by the school/school district.

- Asymptomatic close contact may return after Day 10 with enhanced precautions in place Days 11-14
- Asymptomatic close contact may return on Day 8 with negative PCR or Antigen test obtained on day 5, 6 or 7 by a testing facility or negative BinaxNOW (if performed in your school) on Day 8. Continue enhanced precautions Days 8-14
- Asymptomatic close contact return on Day 15. May return to all prior activities without enhanced precautions or testing

All fully vaccinated individuals who remain asymptomatic (even if a close contact) do not need to quarantine but should monitor for symptoms throughout the 14 days following their exposure and are encouraged to get tested 3-5 days after exposure. We recommend a PCR test for these individuals.

https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf

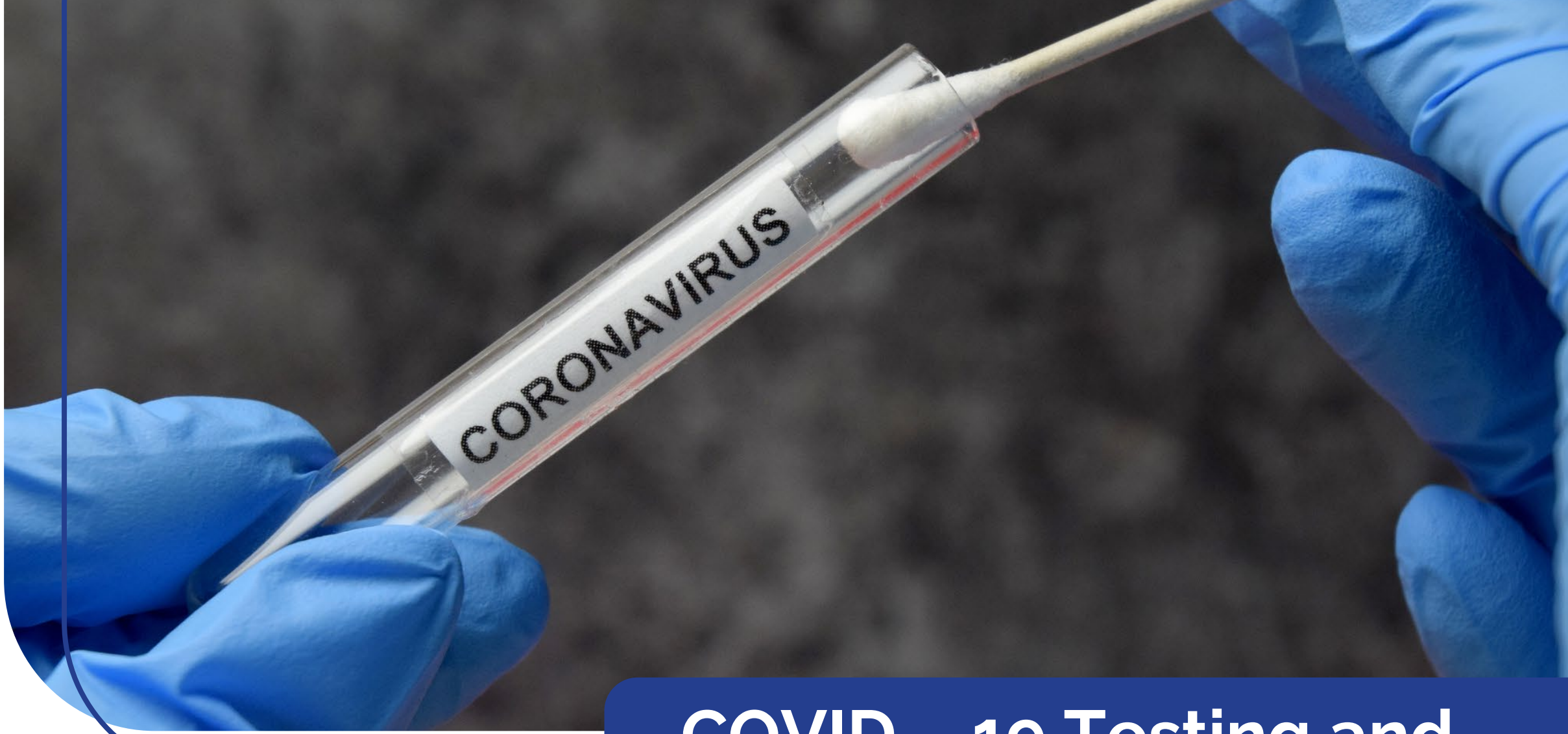
CDC Guidance

CDC updated its information for fully vaccinated people given new evidence on the B.1.617.2 (Delta) variant currently circulating in the United States, including Indiana.

If you've been fully vaccinated:

- Wear a mask in public indoor settings in areas of substantial or high transmission
- Wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at increased risk for severe disease from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated
- If you have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result. PCR test is recommended for those who are fully vaccinated, close contacts.
- Recommends universal indoor masking for all teachers, staff, students and visitors to schools, regardless of vaccination status

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html



COVID – 19 Testing and Reporting Reminders

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Key Points to Remember

- Diagnostic and screening testing programs can be done in combination or individually.
- Any lab or testing site that performs diagnostic or screening testing must have a Clinical Laboratory Improvement Amendments (CLIA) certificate and meet all applicable requirements.
- Tests used must have received an Emergency Use Authorization (EUA) from the FDA or be offered under FDA policies.

If you want BinaxNOW

- Requires training, competency assessment and reporting

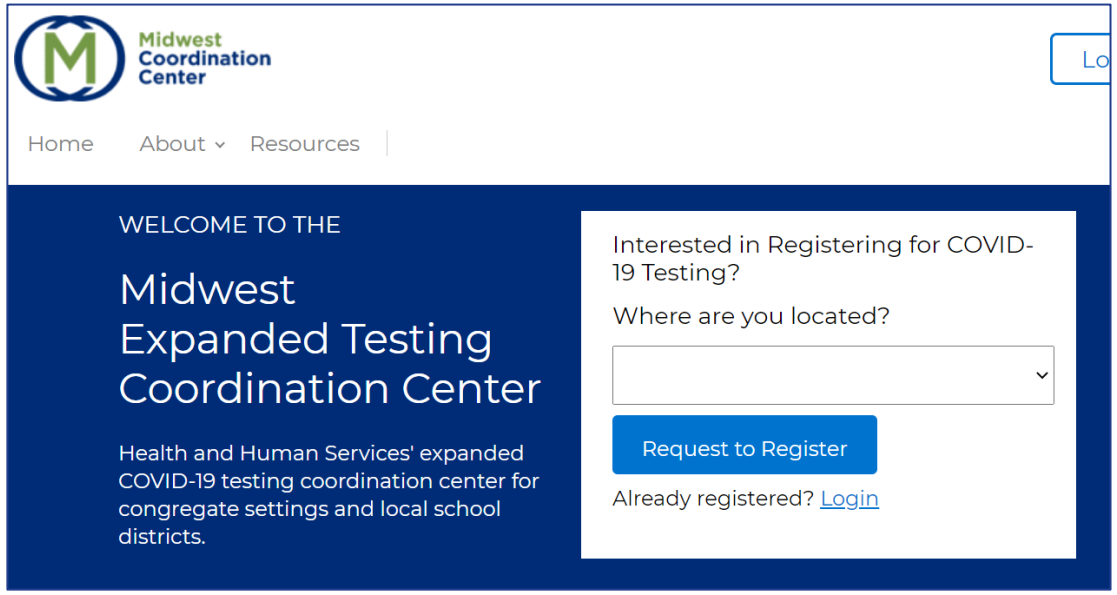
- Email BinaxNOWtestsupport@isdh.in.gov for more information or to order more testing supplies

If you are interested in PCR screening

Midwest Coordination Center

- May also hear it referred to as Operation ET or Battelle

- Free program for K-12 and other congregate settings
- Fully funded by HHS at least through November 2021
- Battelle is petitioning HHS to expand scope and duration
- Pooled PCR screening testing
- Schools can register directly via https://testedandprotected.org/#/



Antibody Testing (serology testing)

- We've had several questions recently regarding using antibody testing to presume immunity from COVID and/or to return someone back from quarantine
- Because there have been several interpretation regarding whether or not antibody testing should be used, we reached out to the CDC experts.
- As of 6:33 pm on 8/18
- You cannot "test out of quarantine" with serology
- If serology were positive, it would be impossible to know when the exposure occurred so a definitive viral diagnosis (PCR or antigen test) must be obtained to confirm
- It is possible that re-infection can occur, especially with the transmissibility of the Delta variant
- The use of serology is absent from the most recent CDC guidance from Aug. 2 and should not be used

https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html

August 13, 2021

Re: Keeping Indiana's Children Safe and Healthy at School

Dear Indiana School Administrators, Communities, and Parents:

On behalf of Indiana's leading primary healthcare organizations, that collectively represent thousands of pediatricians and family physicians that serve families in every county of the state, we write today to discuss the issue of how to keep Indiana's children safe and healthy as they return to school this fall. Recognizing the critical role our schools play in the health and well-being of children, our organizations believe that schools should return to in-person education whenever it is safe and feasible to do so. The best way to make in-person education feasible for Indiana's kids is to require all students older than 2 years and all staff to wear face masks while in school.

Here in Indiana, we have already seen the benefits of the COVID-19 vaccine. Unfortunately, a large portion of our population remains unvaccinated, including all of our children younger than age 12. It is true that our youngest Hoosiers are also the most resilient to this virus; however, early data suggest that the delta virus is infecting many more children than previous strains, and children still suffer the consequences of COVID-19 infection in very real and meaningful ways.

We were hopeful earlier this summer when cases were low that masks would not be needed in school this fall. However, with the current rapid community spread of the delta virus, we are now in a different place.

Masks in school currently seem necessary for two reasons: first, it is the best way to keep kids in school and limit home quarantine time, and will help to protect the health of Hoosier children today and their success tomorrow. Second, limiting the role of in-person school in contributing to community spread of the virus will help to keep COVID from overwhelming our hospital systems again.

We know masks work – the use of masks during the last school year helped drastically reduce the presence of colds and the flu in our classrooms, in addition to decreasing the spread of COVID-19. This year, due to necessary protocols to protect against the pandemic, a common cold or simple sore throat might require a child to miss up to a week and a half of time in the classroom. Repeating that process even just a few times can have real and dramatic negative effects on a child's well-being. Indiana primary care physicians believe that universal masking in schools is a valuable tool at this critical juncture in the fight against COVID-19. The Centers for Disease Control and Prevention (CDC) echoes the recommendations made in this letter. In updated guidance released on August 5, 2021, the CDC states that consistent expectations and enforcement of universal masking for children over the age of 2 years outweighs the difficulty in monitoring and enforcing different mask policies for vaccinated versus unvaccinated children and staff.

At the same time, we also recognize that masks are not a perfect answer. Implementing a mask requirement will not guarantee that your school remains free of COVID-19. However, masks are a critical piece of a layered prevention strategy that also includes social distancing, screening, and testing that will give schools the best possible chance to stay open, keep kids healthy, and thrive throughout the school year.

We are also aware that one or two physicians have been speaking at school board meetings throughout Indiana advocating against the COVID-19 vaccine and masks. Much of what is being said by those individuals is false, misleading, and dangerous to the public. Those physicians do not speak on behalf of the thousands of primary care clinicians represented by this letter, and do a disservice to the entire state by mixing slight truths with patently false information. While our understanding of the effect that masks have on the transmission of COVID-19 continues to evolve over time, we know conclusively that masks are safe to wear and that masks will help keep kids in school by reducing the spread of numerous diseases.

No one enjoys the prospect of asking our kids to wear masks for yet another school year. It is our hope that the time comes soon when this viral surge is behind us and masks will not be a necessity for any Hoosier. Until that time, we must use the best information we have to make decisions that keep our kids safe and learning through in-person school.

Sincerely,

Emily Scott MD

Emily Scott, MD, FAAP
President, Indiana Chapter of the
American Academy of Pediatrics

S Ginde

Samir Ginde, MD
President, Indiana Academy of
Family Physicians

Joint letter: Keeping Indiana Children Safe and Healthy at School

Keeping Indiana Children Safe and Healthy at School

- Vaccines: The best defense against the virus – provide education to encourage vaccination
- Masks to prevent the spread – **Due to the transmission of the Delta variant, all K-12 schools should require universal masking when indoors during the school day.**
  - Layered mitigation:
    - Physical Distancing
    - Ventilation updates
    - Handwashing and Respiratory Etiquette
    - Screening testing to identify clusters and outbreaks
    - Contact tracing along with isolation and quarantine
    - Stay home if sick and seek testing

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2021 FALL SCHOOL WEBINAR

PAM PONTONES, MA

DEPUTY STATE HEALTH COMMISSIONER

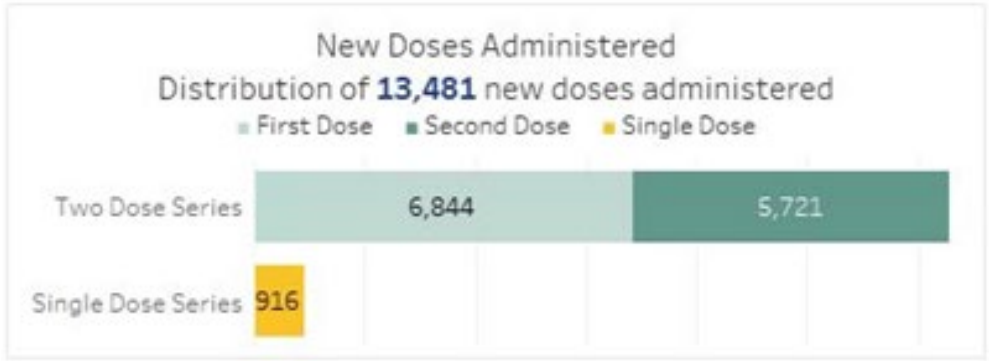
STATE EPIDEMIOLOGIST

08/19/2021

Vaccine Dashboard: Fully Vaccinated

Newly Reported Vaccinations

Reported within the past 24 hours



New Fully Vaccinated Individuals

6,632

During the previous 24 hours, number of individuals reported to be fully vaccinated for COVID-19 (receiving a single-dose vaccine or the second dose of the two-dose vaccine).

Total Vaccinations

Reported total (all-time): 12/14/2020 - 08/18/2021

Fully Vaccinated Individuals

3,026,218

Total number of individuals who are considered to be fully vaccinated for COVID-19 (receiving a single-dose vaccine or the second dose of the two-dose vaccine).

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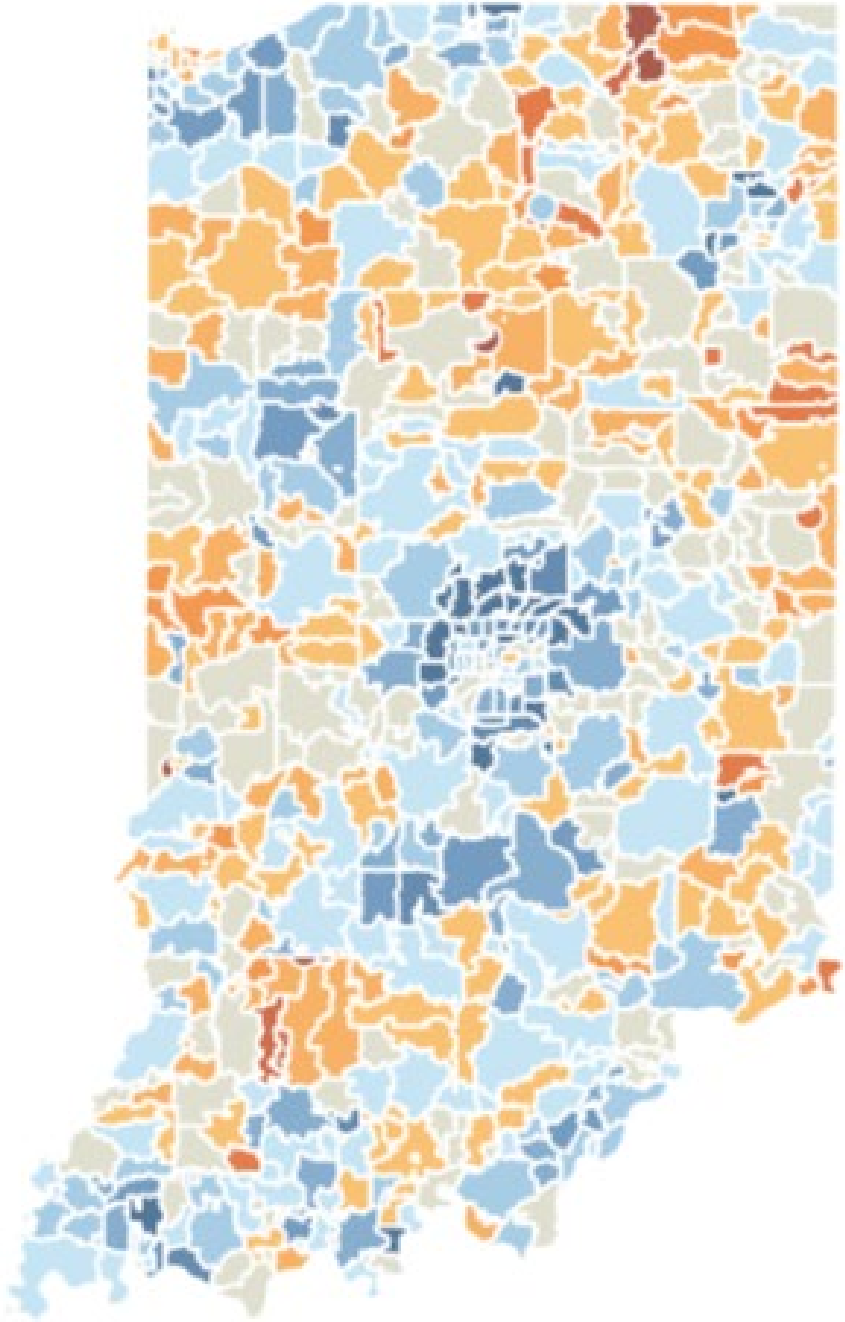
Fully vaccinated by ZIP code



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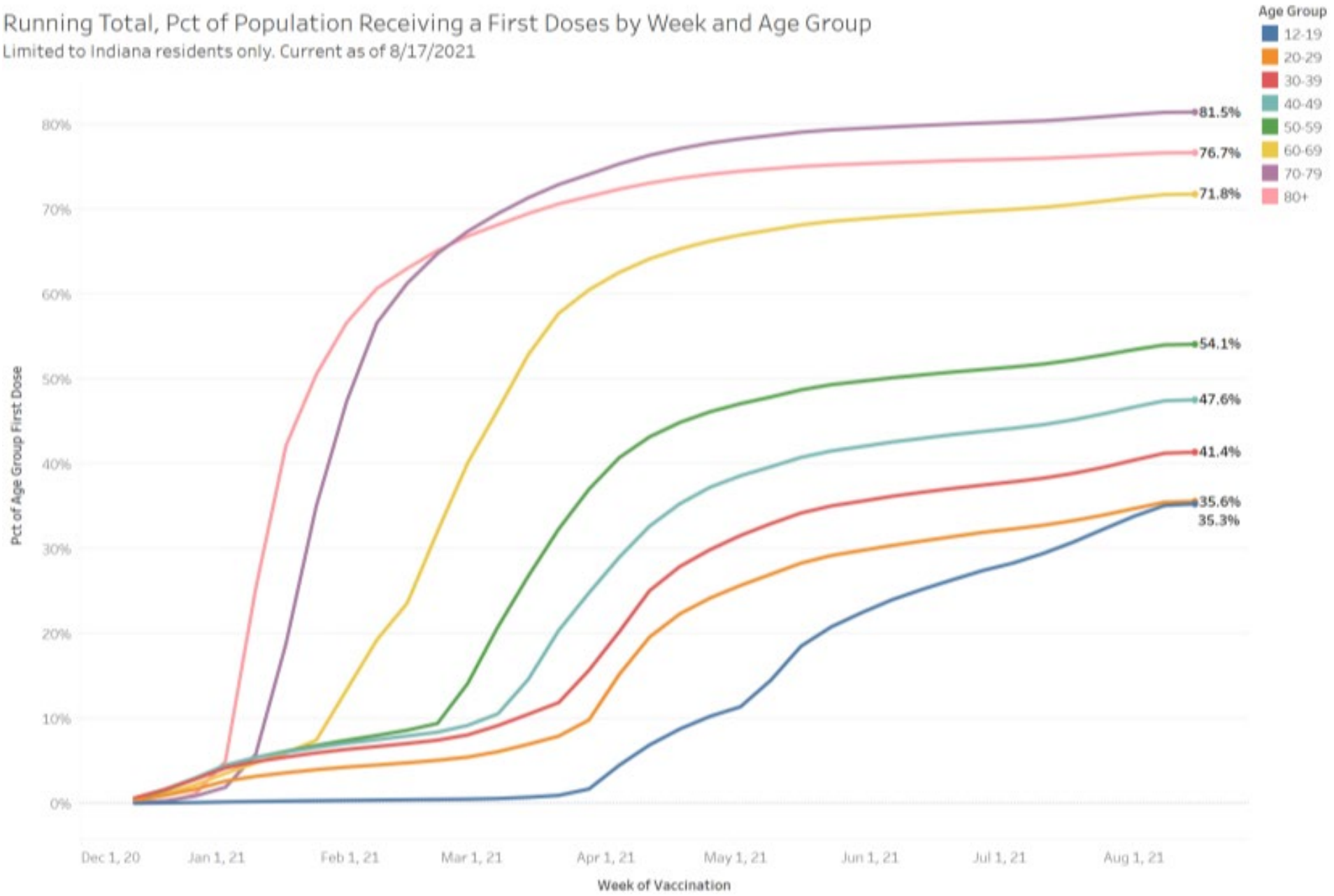

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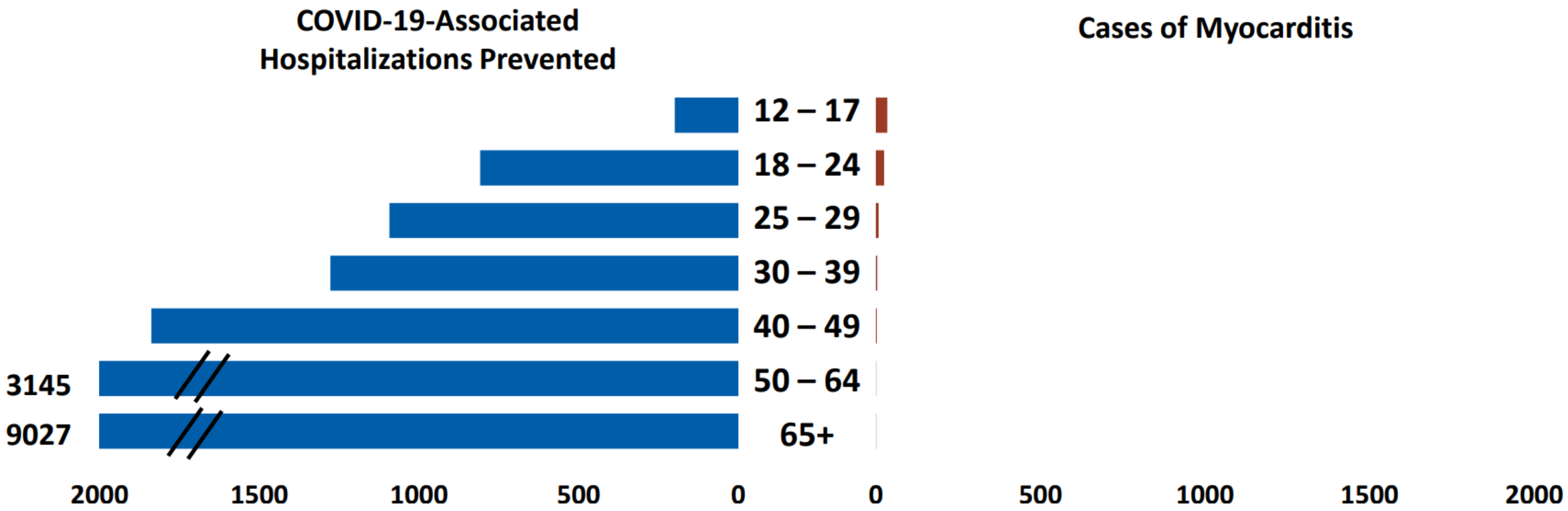
Benefits and risks after dose 2, by age group

For every **million** doses of mRNA vaccine given with current US exposure risk[1]



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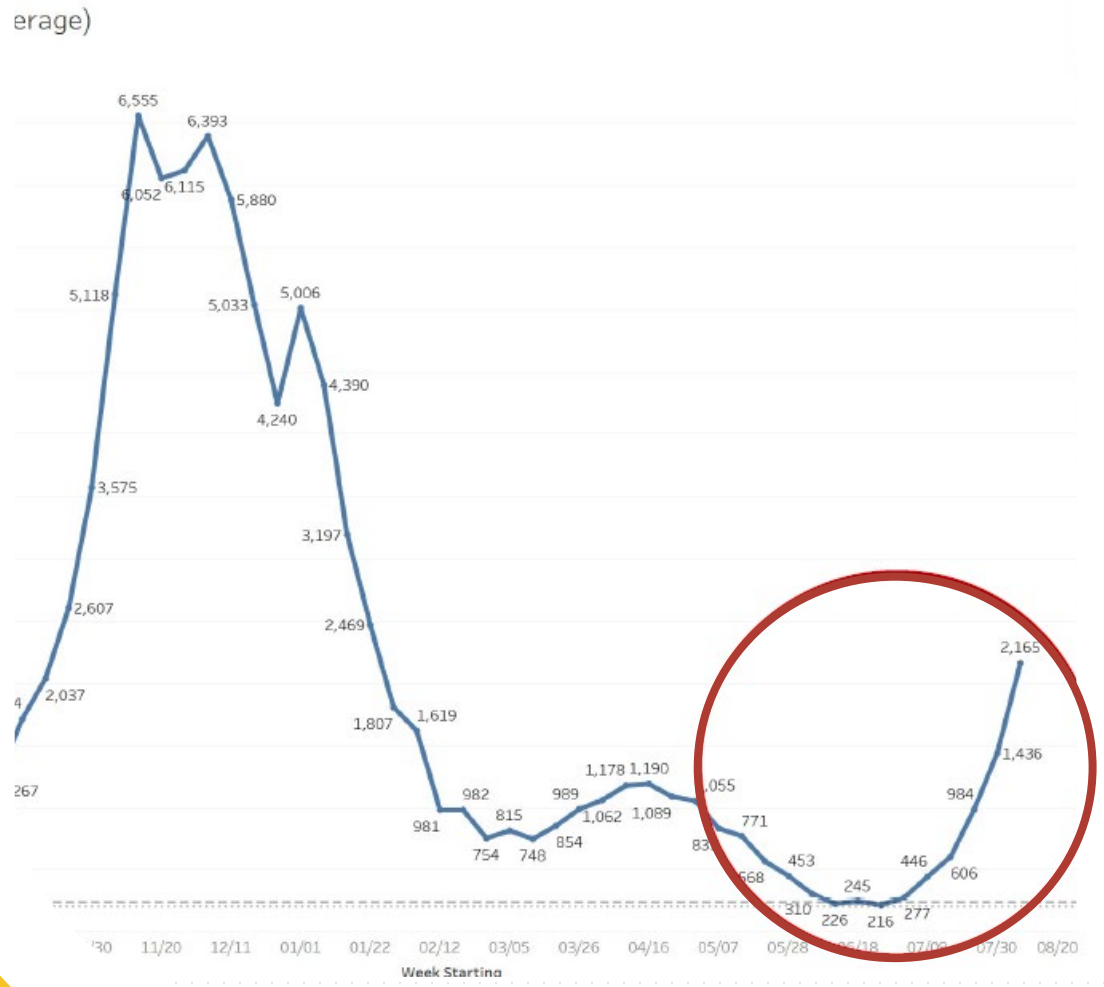
Indiana Numbers: Cases

- Indiana averaged 2,146 cases per day last week.
- Indiana has now seen six weeks of increasing cases, with last week having the largest percentage increase so far.
- Indiana averaged 28.7 cases per 100,000



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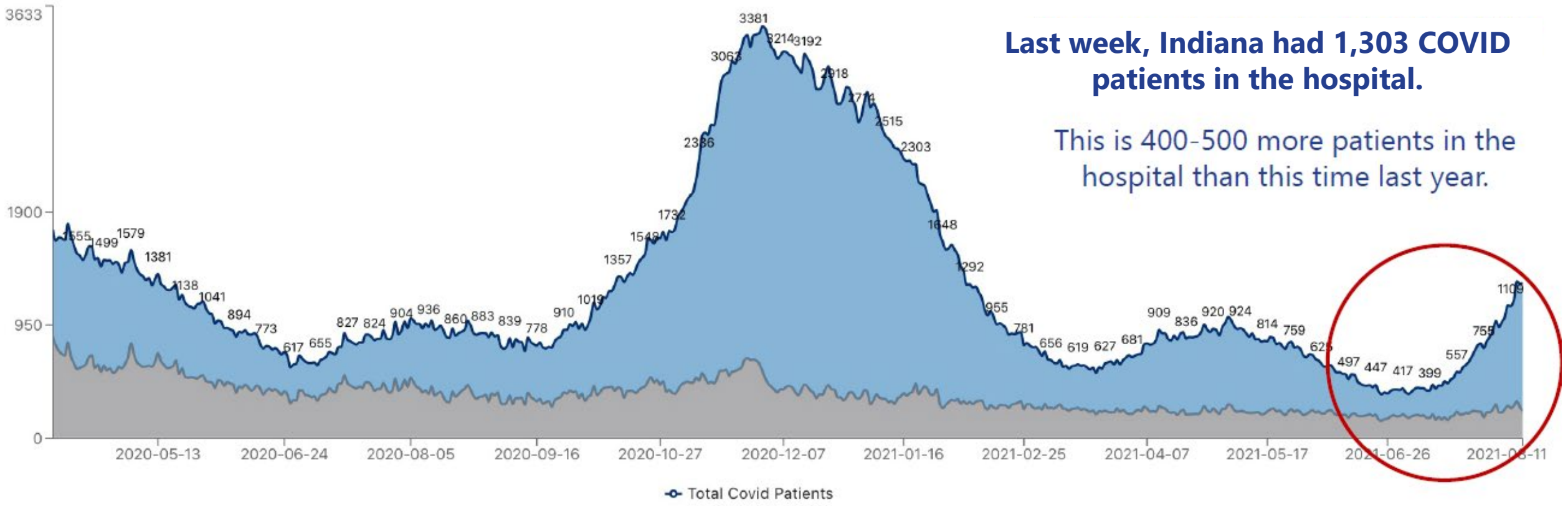
Advisory Level

Advisory Level	Week of Feb. 1	Week of Aug. 16
Red	4	11
Red 2.5	3	4
Orange	56	58
Orange 1.5	22	2
Yellow	7	17
Yellow 0.5	0	0
Blue	0	0

Indiana Numbers: Hospital Census



Last week, Indiana had 1,303 COVID patients in the hospital.

This is 400-500 more patients in the hospital than this time last year.

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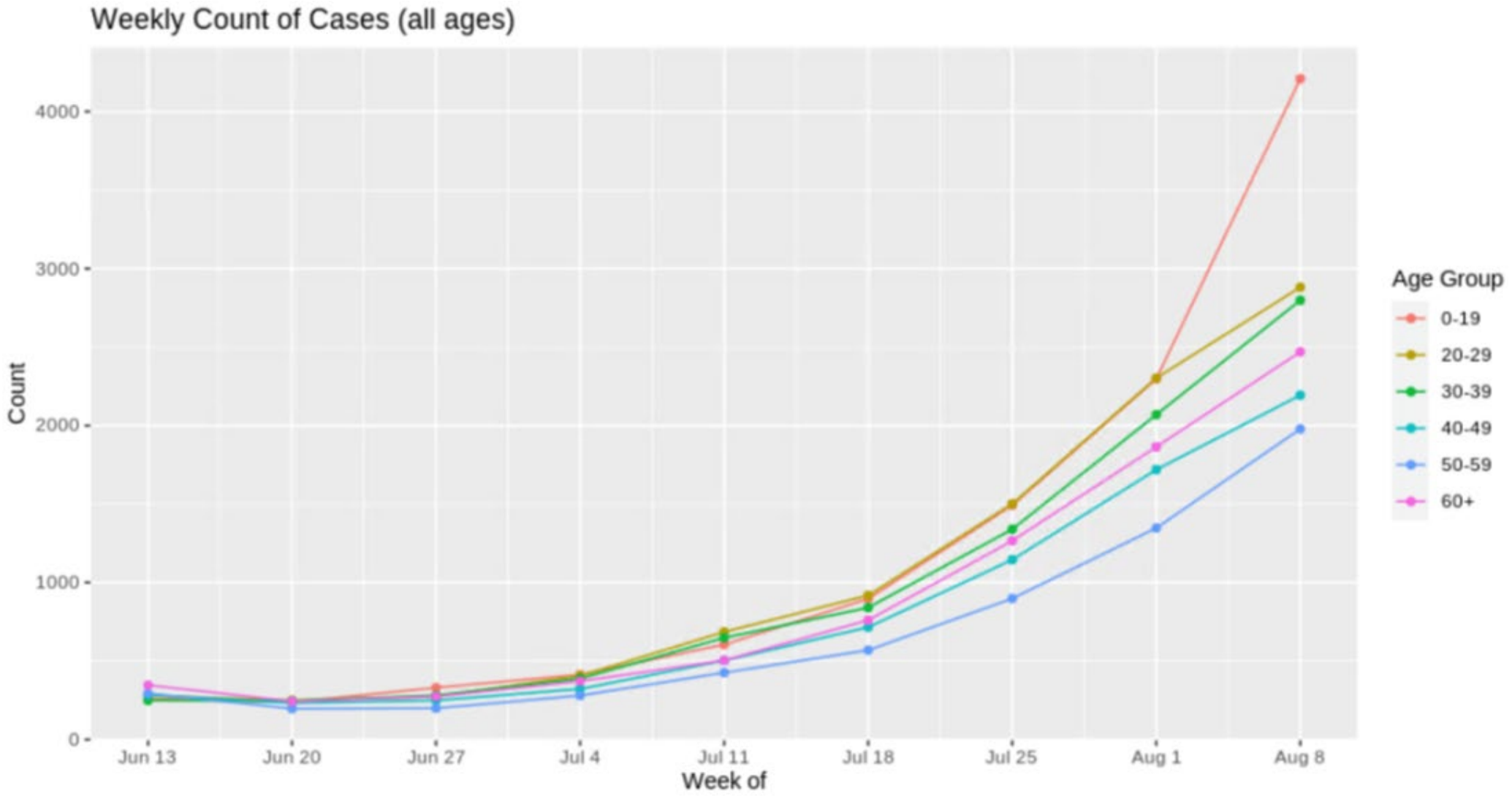

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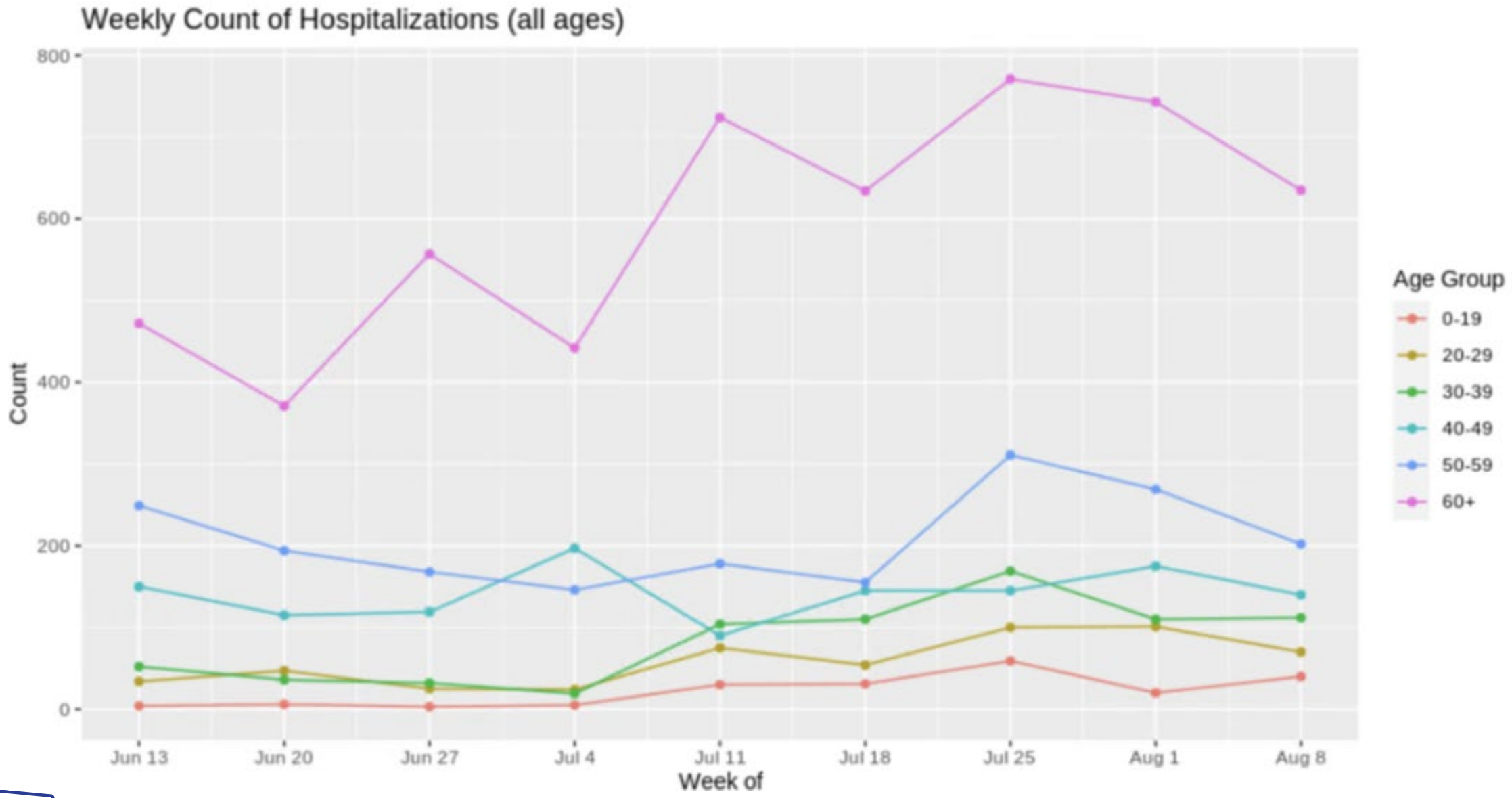

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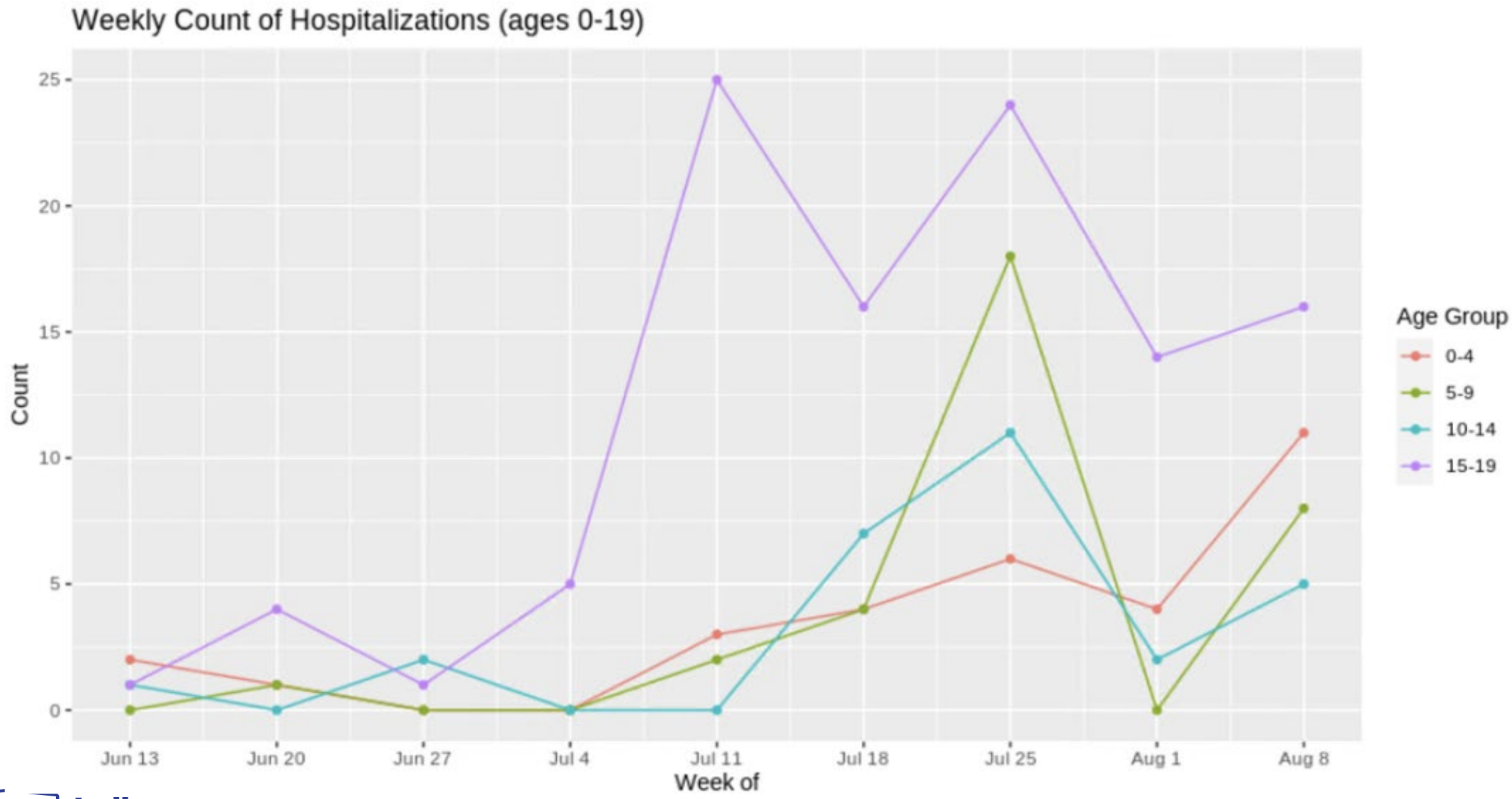

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FIGURE 1. Three-week moving average COVID-19–associated hospitalization rates* among children and adolescents aged <18 years, by age group — COVID-NET, 14 states,† March 1, 2020–April 24, 2021

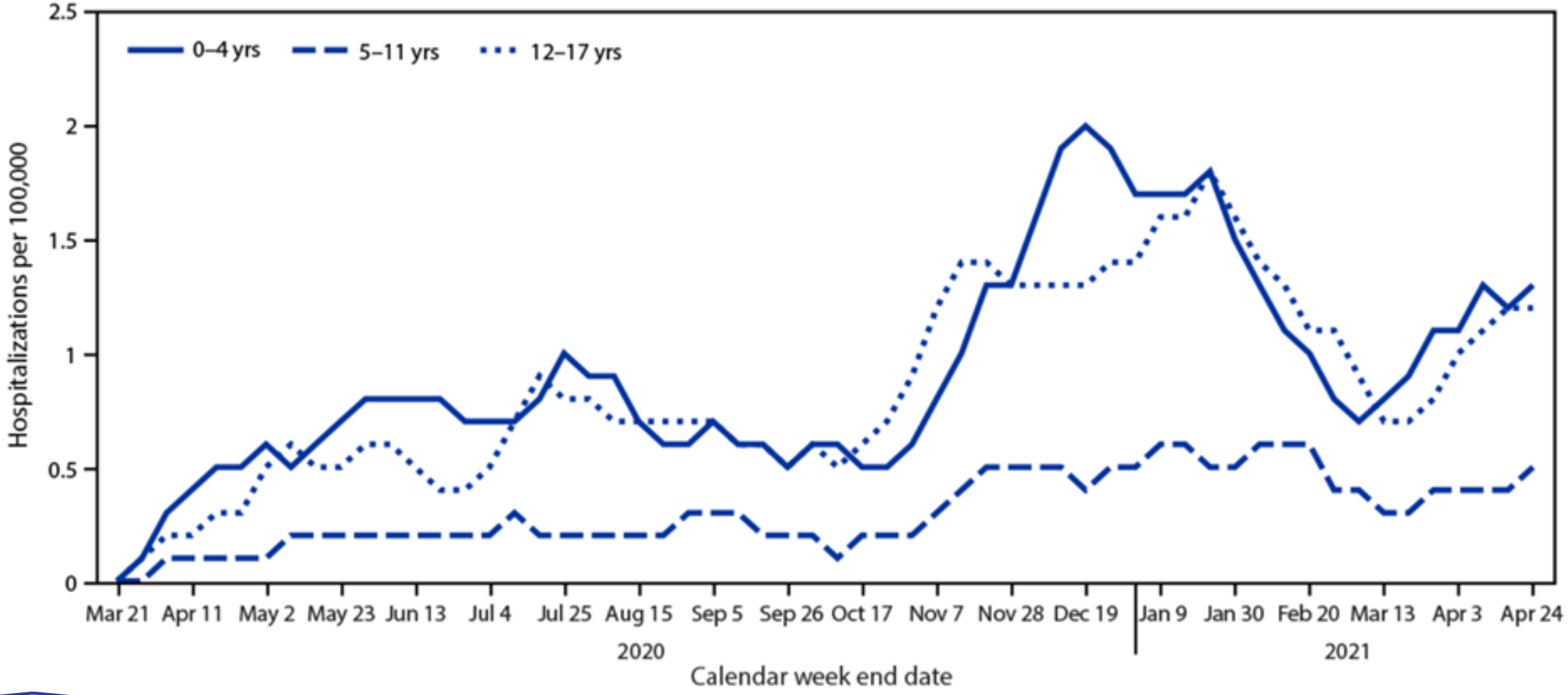

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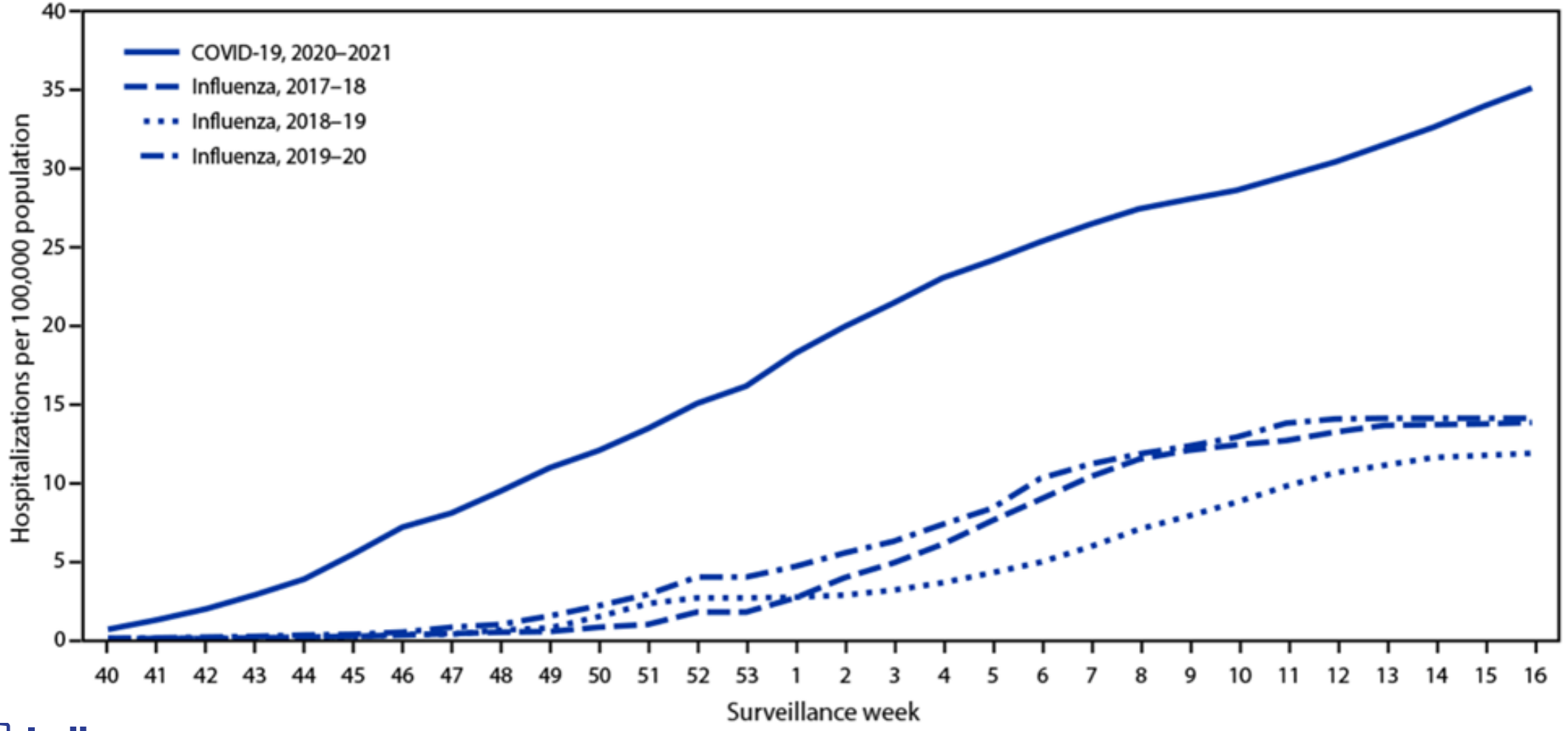
FIGURE 2. Cumulative rates for COVID-19–associated hospitalizations* compared with influenza-associated hospitalizations† among adolescents aged 12–17 years, by surveillance week§ — COVID-NET¶ and FluSurv-NET,** 14 states,†† 2017–2021§§



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MIS-C Cases

Multisystem inflammatory syndrome in children (MIS-C)

Last updated at 08/17/2021 11:59 PM

Total Confirmed Cases

104

Age Range

0-21 (Mean 9.7)

Gender Distribution

36.5% Female / 63.5% Male

Race | Ethnicity

Race	% of Cases
White	52.0 %
Black or African American	29.0 %
Other Race	21.0 %
Asian	2.0 %

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Who Is Getting COVID?

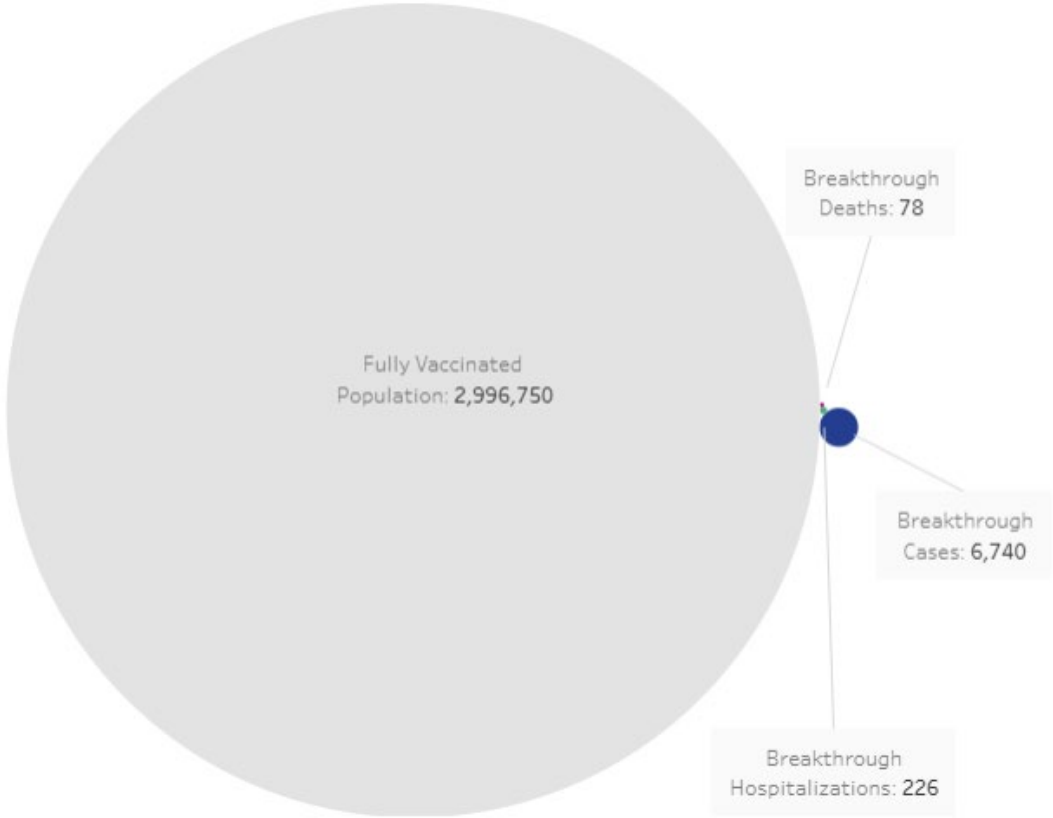
Unvaccinated people

- Driving current surge in low uptake areas
- Overwhelming majority of cases (>90%), hospitalizations and deaths

Vaccinated people

- Breakthrough cases are still just 0.3% of all fully vaccinated people

Breakthrough cases have been increasing, though this is expected given total number of people fully vaccinated



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Danger from Delta Variant

- Accounts for 95.6% of sequenced cases in Indiana
- Transmissibility
  - Spreads more than twice as easily from one person to another, compared to earlier strains
  - One person can infect 8-9 susceptible people — about the same as chickenpox
- Infectivity
  - Studies show fully vaccinated people can spread delta variant
  - Accounts for more breakthrough cases than other strains: viral load 1000x greater
  - Responsible for outbreaks in Indiana

- **Race to increase vaccination coverage before new variants emerge: increased transmission = more variants = more likely to escape vaccine**

New Portal to Request Mobile Unit

- We have a new webpage and portal to submit requests for mobile vaccination clinics: https://www.coronavirus.in.gov/2707.htm
- Webpage includes information on hosting and promoting a mobile event, including flyers and social media
- Link to the request portal: https://eportal.isdh.in.gov/C19MobileUnit/
- PCR testing will be added to the mobile units starting Aug. 23

Testing and Vaccination Strike Teams

- Launched this week in six locations, new sites start Friday
- Each event has Pfizer and J&J vaccine, as well as Binax rapid antigen and PCR testing
- Site selection is based on:
  - Community spread
  - School outbreaks
  - Availability of testing and vaccine
- Goal is to provide additional support to help stop the spread

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*A reminder not to wait for Binax test results. Results are sent by Zotec.

COVID Surge

- Average cases have increased nine-fold since early July
- Hospitalizations are highest since February
- Child and teen cases jumped 84% from July 22-29
  - 5x what was reported since end of June
  - Kids now account for 20% of cases nationwide
- Delta variant responsible for 93% of U.S. cases
- Most people live in substantial or high COVID transmission areas — majority of Indiana counties
- Good news: vaccinations starting to pick up — best way out of pandemic

COVID-19 Reporting and Mitigation

- In Indiana, communicable disease laws require individuals, schools, healthcare settings, and others to comply with control measures, to help stop the spread of disease
- Pursuant to IC 16-41-2-1, IDOH is required to publish a list of reportable communicable diseases and their control measures on its website, and those diseases listed must be reported, investigated, and mitigated as appropriate.
- COVID-19 control measures to be followed by schools are posted on the IDOH website
- Control measures include case and contact reporting, contact tracing, isolation of positive cases, and quarantining of close contacts as necessary to prevent the spread of COVID-19
- For additional information, please see https://www.in.gov/health/erc/files/COVID-Control-Measures-Document-7.26.21.pdf

School Statute

The statute provided below requires schools to complete with the Indiana Department of Health regulation.

IC 20-26-5-6 Applicability of laws governing state agencies

Sec. 6. All powers delegated to the governing body of a school corporation under section 1 or 4 of this chapter are subject to all laws subjecting the school corporation to regulation by a state agency, including the secretary of education, state board of accounts, state police department, fire prevention and building safety commission, department of local government finance, environmental rules board, state school bus committee, state department of health, and any local governmental agency to which the state has been delegated a specific authority in matters other than educational matters and other than finance, including plan commissions, zoning boards, and boards concerned with health and safety.

[Pre-2005 Elementary and Secondary Education Recodification Citation: 20-5-2-3.]

As added by P.L.1-2005, SEC.10. Amended by P.L.113-2014, SEC.111; P.L.43-2021, SEC.70

Combatting Misinformation

- Many people have had trouble figuring out what to believe, which sources to trust, and how to keep up with changing knowledge and guidance
- The only way to address health misinformation is to recognize that all of us, in every sector of society, have a responsibility to act. Every single person can do their part to confront misinformation.
- Educate students and the public on common tactics used by those who spread misinformation online.
- Recent research suggests that teaching people how to spot these tactics can reduce people's willingness to share misinformation
- Visit the IDOH back to school resources pages for flyers and other tools

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Confronting Health Misinformation (hhs.gov)

Third dose

- The state Department of Health, following guidance from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), recommends that people who are moderately to severely immunocompromised are especially vulnerable to COVID-19 because they are more at risk of serious, prolonged illness, receive an additional dose of the mRNA COVID-19 vaccine
- People who have compromised immune systems may benefit from an additional dose to make sure they have enough protection against COVID-19
- CDC recommends people who are moderately to severely immunocompromised should receive an additional dose of mRNA COVID-19 vaccine after the initial 2 doses
- CDC recommends that people with moderately to severely compromised immune systems receive an additional dose of mRNA COVID-19 vaccine at least 28 days after a second dose of Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine
- Currently, CDC recommends that moderately to severely immunocompromised people receive an additional dose

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

Booster dose

- Public health and medical experts from the U.S. Department of Health and Human Services (HHS) issued on Aug. 18 a joint statement on COVID-19 booster shots:

"The available data make very clear that protection against SARS-CoV-2 infection begins to decrease over time following the initial doses of vaccination, and in association with the dominance of the Delta variant, we are starting to see evidence of reduced protection against mild and moderate disease."

— HHS statement

- U.S. Food and Drug Administration approval is still needed, and it's estimated that this booster dose, a different formula than the initial doses, will be available by late September for individuals starting 8 months after their second dose. At that time, the individuals who were fully vaccinated earliest in the vaccination rollout, including many healthcare providers, nursing home residents, and other seniors, will likely be eligible for a booster.
- No additional doses for people who received a single dose of Johnson & Johnson (Janssen) is recommended at this time.

https://www.cdc.gov/media/releases/2021/s0818-covid-19-booster-shots.html

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2021 FALL SCHOOL WEBINAR

LEAH RAIDER

CONTACT TRACING TEAM MANAGER

08/19/2021

K-12 Case and Close Contact Reporting Portal

- K-12 Case and Close Contact Reporting Portal Link: https://gateway.isdh.in.gov/Gateway/SignIn.aspx

- Issues with the K-12 Case and Close Contact Reporting Portal, including adding a new user? Please submit a helpdesk ticket here: https://eportal.isdh.in.gov/SchoolAppCustomer/

Key Concepts

For Cases

- Day Zero of isolation is either the day of specimen collection or the first day symptoms began, whichever came first.
- Isolation continues for at least 10 days regardless of vaccination status
  - If case is or becomes symptomatic, and symptoms do not resolve by the 10th day, then isolation continues until 24 hours symptom free without fever reducing medications.
  - Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

For Close Contacts

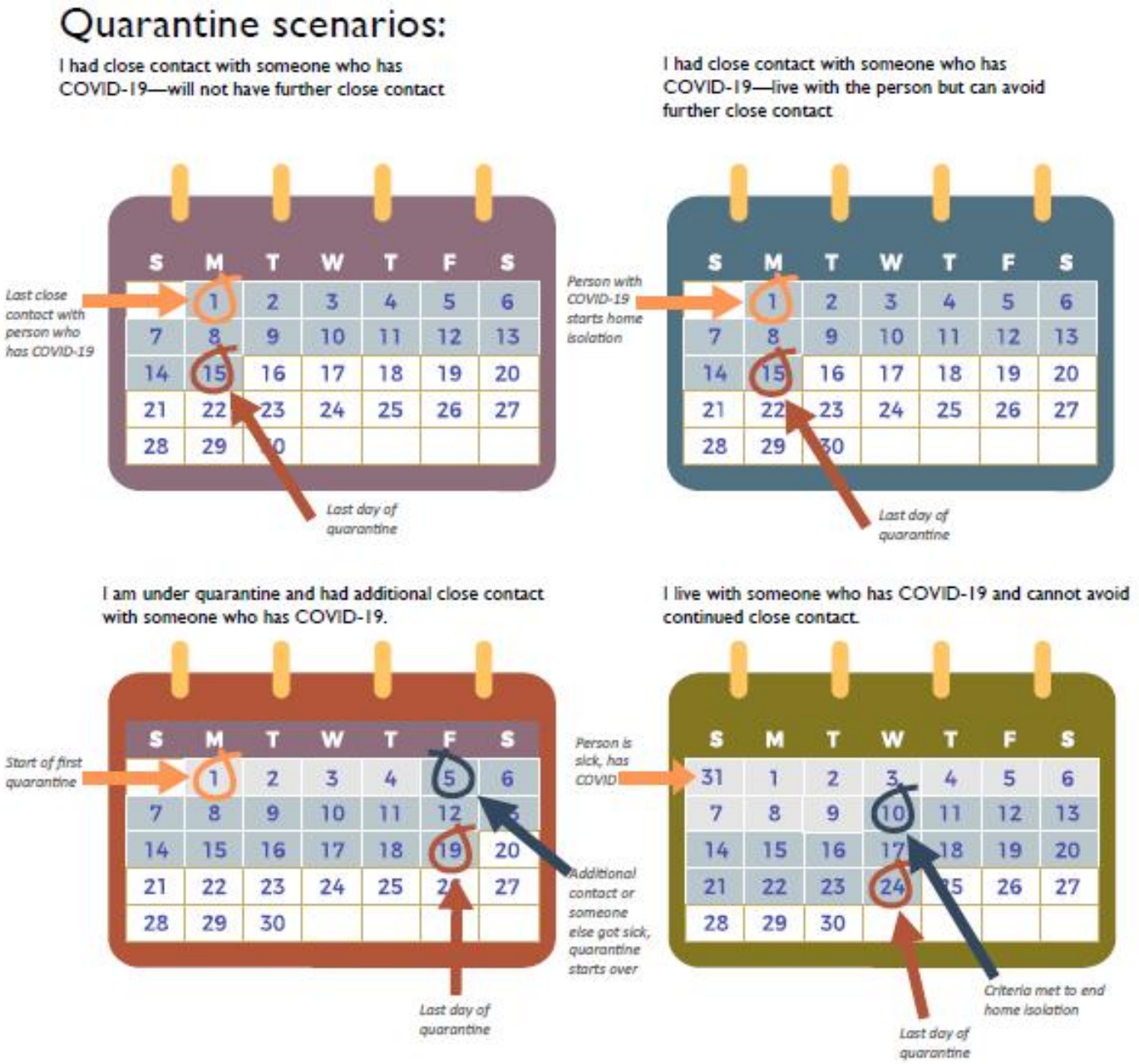
- Day Zero of quarantine is the last day of exposure to the positive case
- Fully vaccinated individuals do not need to quarantine if they remain asymptomatic
- Someone who has COVID-19 illness within the prior 3 months does not need to quarantine if they stay asymptomatic
- Everyone who develops symptoms should isolate and seek a COVID-19 PCR test

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

14 Day Quarantine

Key Points

- The only option for symptomatic close contacts. Still encourage testing, though will stay in quarantine even if test comes back negative.
- If asymptomatic close contact that is also a student, staff or teacher, this is still the best and preferred option
  - However, additional options for earlier returns to classroom activity are available.



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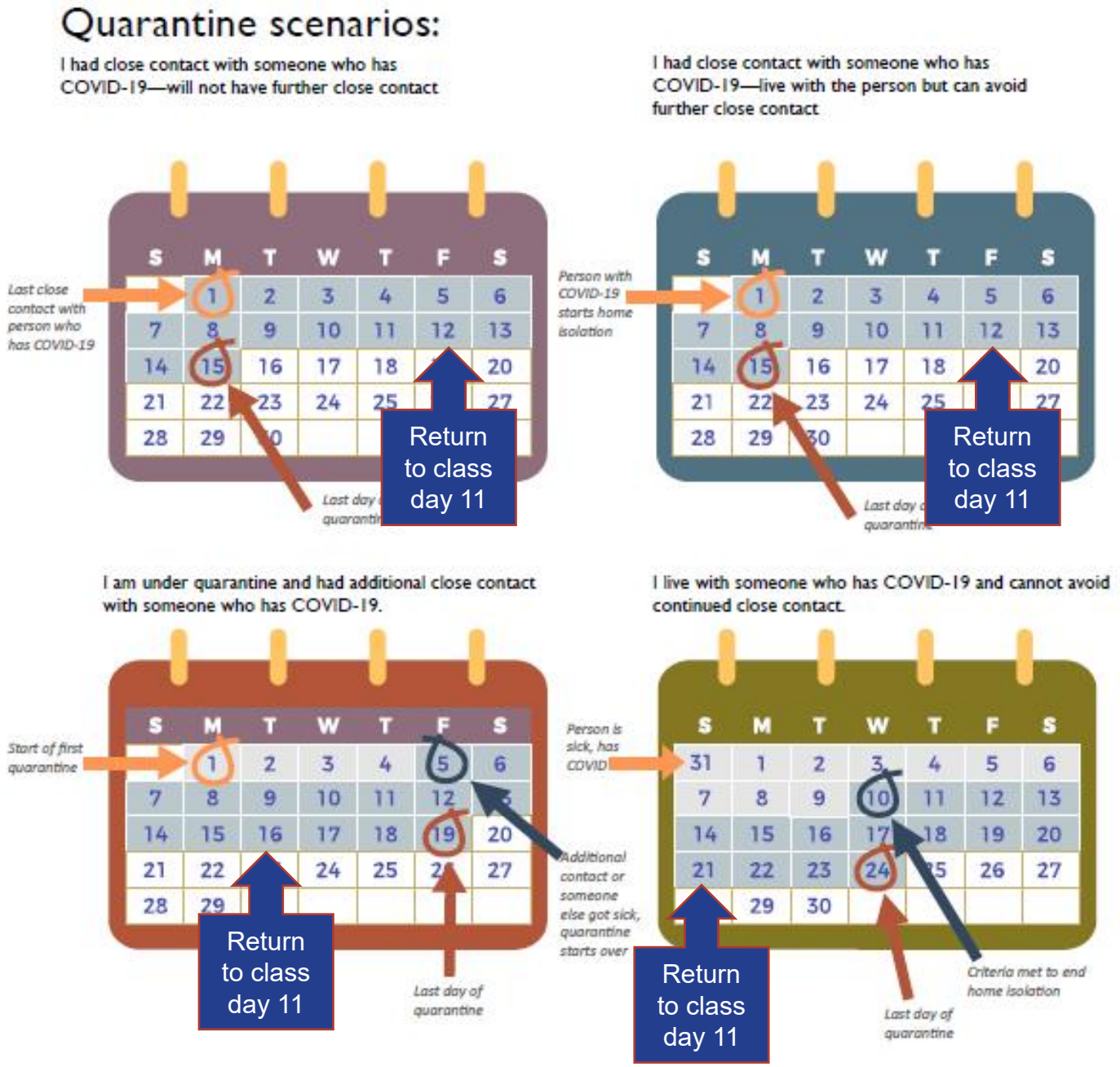
https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf

10 Day Option

- Must stay asymptomatic
- Return to class Day 11
- Do not return to other activities unless can stay 6 feet away, stay masked the entire time, continue hand and cough hygiene, daily self monitoring for symptoms, etc.
- Return to other activities on Day 15



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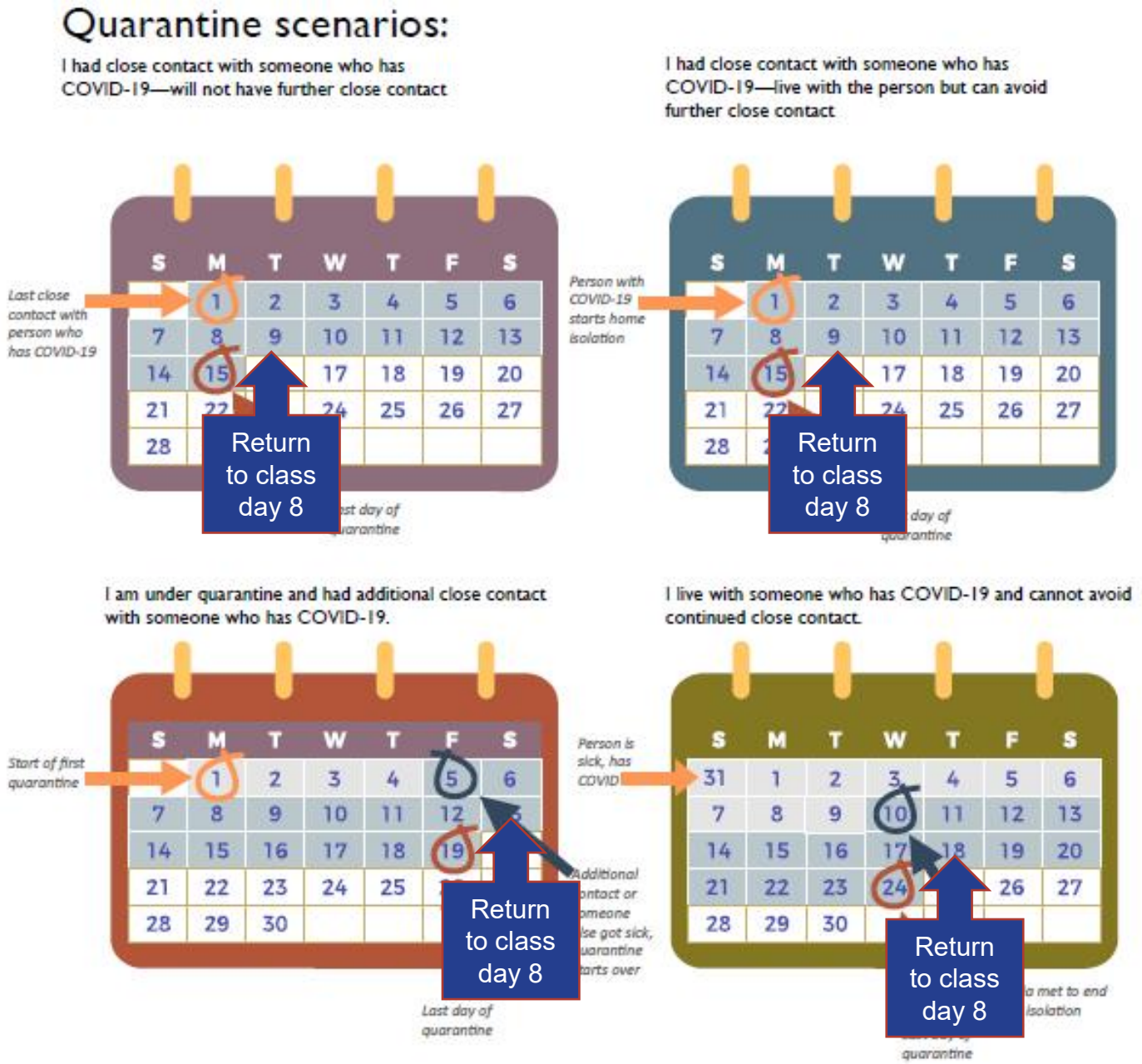
https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf

7 Day Option

- Must stay asymptomatic
- Return to class Day 8, **ONLY IF**
  - Gets a PCR or Antigen test performed on Day 5, 6 or 7 at a testing site AND results come back negative before return to school on Day 8
  - **OR**
  - Get a BinaxNOW test performed at the school by trained personnel on Day 8 **AND** results are negative
- Do not return to other activities unless can stay at least 3 feet away, stay masked the entire time, complete daily monitoring for symptoms and other mitigation strategies
- Return to other activities on Day 15



https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf

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Help Calculating Isolation or Quarantine

- Decision Tree: https://www.coronavirus.in.gov/files/21_Decision%20Trees_7-26.pdf
- Schools can reach out to Back2School:
  - Call 800-745-7487, 7 days a week, 8 a.m. to 8 p.m. EST
  - Email backtoschool@isdh.in.gov
- General public encouraged to call the state contact tracing team:
  - Call 833-670-0067, 7 days a week, 8 a.m. to 8 p.m. EST
- Everyone can access the online isolation & quarantine calculator:
  - https://www.coronavirus.in.gov/2400.htm